

<b>Case Number:</b>	CM13-0052637		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/28/1985
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 66-year-old female who reported an injury on 02/28/1985. The mechanism of injury was not provided for review. The patient's most recent clinical evaluation submitted for review was dated 01/10/2013. Physical findings included a positive Spurling's test and muscle spasming in the upper and middle trapezius muscles. The patient's diagnoses included lumbosacral disc degeneration, cervical strain, venostasis ulcer, and foot tendinitis. At that time, the patient's medications included Ativan, Flexeril, famotidine, and Exoten C for pain relief. However, a request was made for the medical necessity of a urine drug screen performed on 09/05/2013. No documentation was provided for the requested date of service.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Urine drug screen performed on 9/5/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The requested urine drug screen performed on 9/5/13 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends

drug testing for patients who are suspected of illicit drug use or are suspected of non-compliance to a prescribed medication schedule. There was no clinical documentation from the requested date of service to support that the patient was on medications that require monitoring for compliance. Additionally, there was no evidence provided that the patient had any symptoms that would support suspicion of illicit drug use. Therefore, the need for a urine drug screen on 09/05/2013 cannot be established. As such, the requested urine drug screen performed on 9/5/13 is not medically necessary or appropriate.